

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

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Cynthia Monterroso

Write the full name of each plaintiff.

CV

(Include case number if one has been assigned)

-against-

City of New York  
Mayors Office of Housing  
Recovery Operations

**COMPLAINT**

Do you want a jury trial?

☐ Yes ☐ No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

## I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☒ Federal Question

☐ Diversity of Citizenship

### A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

American with Disabilities Act, Title II ("ADA")  
Fair Housing Act ("FHA")  
HUD ("HUD")  
Fair Housing Equal Opportunity Act ("FHEO")

### B. If you checked Diversity of Citizenship

#### 1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, \_\_\_\_\_, is a citizen of the State of \_\_\_\_\_  
(Plaintiff's name)

\_\_\_\_\_  
(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of \_\_\_\_\_

\_\_\_\_\_  
If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, \_\_\_\_\_, is a citizen of the State of \_\_\_\_\_  
(Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of \_\_\_\_\_

If the defendant is a corporation:

The defendant, City of New York, is incorporated under the laws of the State of New York

and has its principal place of business in the State of New York

or is incorporated under the laws of (foreign state) \_\_\_\_\_

and has its principal place of business in \_\_\_\_\_

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant. Please see attached

## II. PARTIES

### A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

<u>Cynthia</u>		<u>Monterroso</u>
First Name	Middle Initial	Last Name
<u>6731 Amboy Road</u>		
Street Address		
<u>Richmond</u>	<u>Staten Island, NY</u>	<u>10309</u>
County, City	State	Zip Code
<u>917 842 6204</u>	<u>N/A (no computer)</u>	
Telephone Number	Email Address (if available)	

I.

The defendant, Mayors Office of Housing  
Recovery Operations, is incorporated  
under the laws of the State  
of New York  
and has its principle place of business  
in the State of New York

**B. Defendant Information**

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

City of New York

First Name

Last Name

Corporation Counsel

Current Job Title (or other identifying information)

100 Church Street

Current Work Address (or other address where defendant may be served)

New York, NY 10007

County, City

State

Zip Code

messenger

Center; 30 Park Place New York, NY 10007

Defendant 2:

Mayors Office of Housing Recovery Operations

First Name

Last Name

City of New York

Current Job Title (or other identifying information)

90 Church Street, 11th Floor

Current Work Address (or other address where defendant may be served)

New York, NY 10007

County, City

State

Zip Code

Defendant 3:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

Defendant 4:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

### III. STATEMENT OF CLAIM

Place(s) of occurrence:

Staten Island, NY 10306

Date(s) of occurrence:

August 28, 2020 Through present

#### FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

Please see attached (4 pages)

1. After working many years to purchase my home, then becoming permanently and totally disabled, my home and most of my belongings were destroyed by Superstorm Sandy. I evacuated my home shortly before the storm in October 2012. The City of New York ("CMY") and the Mayor's Office for Housing Recovery Operations ("MOHRO") constructed a new manufactured home using a federal HUD grant. I took possession of this new home on August 28, 2020. My home is still being held in abeyance by the CMY. I have not moved into my home and remain temporarily dislocated due to a natural disaster for approximately ten years.
2. The CMY failed to administer the federal grant properly according to their own policies, procedures, rules, zoning, laws and grant program guidelines commonly referred to as Build/It/Back ("B/I/B"). These failures include, but are not limited to issues of:
  - Accommodation
  - Discrimination
  - Certificates of Occupancy (Temporary, Permanent) and Lapsed

III.

Page Two

2. Violated Variance

- cont'd
- Open Permits (14)
  - Unapproved Plans
  - Building Seals
  - Transportation Issues
  - Poor and Faulty Construction
  - Liens and Bonds
  - Property Damage, Loss and Trespassing
  - Completion of Punchlist Items
  - Unsanitary Conditions

and any and all matters regarding the administration of the B/I/B application before, during and after possession of the building. These issues are on-going and pre-clude me from the full enjoyment of my home in a reasonable manner

3. The CMY failed to repair their construction and warranty issues as required by their own policies
4. The CMY allowed its contractors to damage my home, even in my presence
5. The CMY allowed its contractors to trespass and then turn off a utility (water) for weeks causing

Page 5 (cont)



III,

Page Three

5. <sup>could</sup> an unsanitary condition, and confirming serious construction issues among other unsanitary, unsafe, insecure construction issues.
6. The CMY failed to implement reasonable accommodations, including, but not limited to previously agreed upon items and post construction items preventing me from the full enjoyment and reasonable use of my home which other applicants received and benefited from.
7. The CMY changed an existing pattern and practice regarding an accommodation issue. They then used the accommodation issue they changed in a harassing and intimidating manner to not perform their required duties. They are still attempting to force a totally and permanently disabled applicant to accommodate the CMY's own failures. They are holding a disabled applicant to a different standard and policy than other applicants that received a properly constructed home, along with full use, enjoyment and benefit upon possession of their property.

Page 5 (Cont)

III,

Page Four

8. My home is not ADA compliant and violates ADA, FHA, HUD and FHEO standards. Further, I am unable to circumvent my home or its surfaces in a reasonable manner. Along with other issues listed above I am unable to occupy, use and enjoy my home in a reasonable manner. The CMY has not made any reasonable adjustments to solve these issues.
9. I have been precluded from standard guidelines granted to other applicants regarding material choices, taxation, valuation, occupancy, use, potential sale of my home, use of my home as collateral all affecting my financial situation while paying additional carrying costs, all due to the discriminatory behavior and program failures of the CMY under a federal grant

Page 5 (cont.)

**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

**IV. RELIEF**

State briefly what money damages or other relief you want the court to order.

*Please see attached*

#### IV. Relief

I seek all accommodation issues, ~~discrimination~~ issues, construction issues, code, punchlist and warranty issues resolved along with the full use of my property to enjoy in a reasonable, safe, secure, sanitary manner. I also seek reimbursement of any and all costs including but not limited to housing, rent, utilities, repairs and carrying costs. In addition, recovery of any court and legal fees, any compensatory and/or punitive damages that may be applicable and, lastly, any necessary precedents for this disabled person and any other disabled person using a federal grant in the future.

**V. PLAINTIFF'S CERTIFICATION AND WARNINGS**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

August 18, 2022  
 Dated

[Signature]  
 Plaintiff's Signature

Cynthia  
 First Name

[Initials]  
 Middle Initial

Monterroso  
 Last Name

6731 Ambouy Road  
 Street Address

Richmond, Staten Island, NY 10309  
 County, City State Zip Code

917 842 6204  
 Telephone Number

N/A (no computer/internet)  
 Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☒ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

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Staten Island, NY 10309

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Court  
Southern District of New York  
500 Pearl Street  
New York, NY 10007

Att: Pro Se Office

Label 228, March 2016

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